



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014  
OF THE CONDITION AND AFFAIRS OF THE

HealthSpring Life & Health Insurance Company, Inc.

NAIC Group Code09010901NAIC Company Code12902Employer's ID Number20-8534298  
(Current)(Prior)

Organized under the Laws ofTexas, State of Domicile or Port of EntryTexas

Country of DomicileUnited States of America

Licensed as business type:Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized02/27/2007Commenced Business02/27/2007

Statutory Home Office2900 North Loop West, Suite 1300Houston , TX, US 77092  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office530 Great Circle RoadNashville , TN, US 37228615-291-7000  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address530 Great Circle RoadNashville , TN, US 37228  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records530 Great Circle RoadNashville , TN, US 37228615-291-7000  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.cignahealthspring.com

Statutory Statement ContactBeth Ann Hollingsworth615-564-3445  
(Name)(Area Code) (Telephone Number)

regulatory@healthspring.com615-401-4566  
(E-mail Address)(FAX Number)

OFFICERS

President, Chairman & Chief Executive OfficerMatthew Shawn Morris #

Vice President & SecretaryGregory James Allen

Chief Financial OfficerRyan Bruce McGroarty #

Chief ActuaryDavid Lowell Terry

OTHER

Richard Alan Appel Compliance Officer	David Bradley Holladay # President, Government Pharmacy Services	Dirk Oliver Wales MD Corporate Medical Director
Robert Lambdin Dawson Divisional President	Jay Landon Hurt Divisional President	Peter Ronald Gardner Vice President
Kristinn Klunkert Benton Vice President	Allen Curtis Perez Vice President	Scott Ronald Lambert # Vice President & Treasurer
Maureen Hardiman Ryan Vice President & Assistant Treasurer	Jumana Nadeem Siddiqui Assistant Treasurer	Kevin James Oleksak Assistant Secretary
Rhiannon Ashley Bernier Assistant Secretary	Anna Krishtul Assistant Secretary	

DIRECTORS OR TRUSTEES

Matthew Shawn Morris	Robert Lambdin Dawson	Gregory James Allen
Jay Landon Hurt	David Bradley Holladay #	

State ofMaryland

County ofHarford

SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Matthew Shawn Morris #  
President, Chairman and Chief Executive Officer

Ryan Bruce McGroarty #  
Chief Financial Officer

Gregory James Allen  
Vice President and Secretary

Subscribed and sworn to before me this day ofFebruary, 2015

a. Is this an original filing? Yes [ X ] No [ ]

b. If no,

1. State the amendment number.....

2. Date filed .....

3. Number of pages attached.....

Christina Y. Schneider  
Notary Public  
October 31, 2016

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life &amp; Health Insurance Company, Inc.

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	74,154,746	138,196,847		76,750,628	74,154,746	71,683,778
2. Claim overpayment receivables .....	3,098,719	19,916,725	2,905,673	7,680,659	6,004,392	3,887,974
3. Loans and advances to providers .....					0	0
4. Capitation arrangement receivables .....		893,099		186,158	0	0
5. Risk sharing receivables .....		23,926,849	80,361	1,487,183	80,361	0
6. Other health care receivables.....	1,034,071	247,100,763	1,801,811	2,777,253	2,835,883	4,984,563
7. Totals (Lines 1 through 6)	78,287,536	430,034,283	4,787,845	88,881,880	83,075,382	80,556,314

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

[illegible]

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
HealthSpring Management of America .....	Management Fee .....	23,104,302	23,104,302	
Bravo Health Mid-Atlantic, Inc. ....	Part D and rebate reimbursements .....	1,159,375	1,159,375	
Bravo Health Pennsylvania, Inc. ....	Part D and rebate reimbursements .....	4,404,258	4,404,258	
Cigna Health and Life Insurance Company .....	Part D and rebate reimbursements .....	35,223	35,281	(58)
Cigna Healthcare of Georgia .....	Part D and rebate reimbursements .....	65,388	65,388	
Cigna Healthcare of North Carolina .....	Part D and rebate reimbursements .....	66,912	66,912	
Cigna Healthcare of South Carolina .....	Part D and rebate reimbursements .....	296,941	296,941	
HealthSpring of Alabama, Inc. ....	Part D and rebate reimbursements .....	2,590,956	2,590,956	
HealthSpring of Florida, Inc. ....	Part D and rebate reimbursements .....	1,361,001	1,361,001	
HealthSpring of Tennessee, Inc. ....	Part D and rebate reimbursements .....	5,860,895	5,860,895	
HealthSpring, Inc. ....	Part D and rebate reimbursements .....	2,240,464	2,240,464	
0199999. Individually listed payables		41,185,713	41,185,771	(58)
0299999. Payables not individually listed		3,947,653	3,179,336	768,317
.....	.....			
.....	.....			
.....	.....			
.....	.....			
.....	.....			
.....	.....			
.....	.....			
.....	.....			
0399999 Total gross payables		45,133,366	44,365,107	768,259

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	374,782,999	20.1	87,534	17.1		374,782,999
2. Intermediaries .....	31,426,908	1.7	58,020	11.3		31,426,908
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	406,209,907	21.7	145,554	28.4	0	406,209,907
Other Payments:						
5. Fee-for-service .....	1,083,568,643	58.0	XXX	XXX		1,083,568,643
6. Contractual fee payments .....	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service .....	( 16,752,400)	(0.9)	XXX	XXX		( 16,752,400)
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	396,034,853	21.2	XXX	XXX		396,034,853
12. Total other payments .....	1,462,851,096	78.3	XXX	XXX	0	1,462,851,096
13. TOTAL (Line 4 plus Line 12)	1,869,061,003	100%	XXX	XXX	0	1,869,061,003

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	DentaQuest .....	13,258,192	1,104,849		
	Convey Health .....	6,685,426	557,119		
	Access2Care .....	4,939,315	411,610		
	Block Vision .....	3,751,191	312,599		
	Healthways .....	1,639,391	136,616		
	ASH Fitness .....	330,916	27,576		
	Careington .....	268,624	22,385		
	MedSolutions .....	198,630	16,552		
	Sadler Clinic .....	131,184	131,184		
	Cigna Health Management .....	84,313	7,026		
	Delta Dental Insurance Company .....	82,957	6,913		
	Cigna Behavioral Health .....	31,814	2,651		
	Health Integrated .....	24,955	2,079		
9999999 Totals		31,426,908	XXX	XXX	XXX



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	NONE					
2.	Medical furniture, equipment and fixtures .....						
3.	Pharmaceuticals and surgical supplies .....						
4.	Durable medical equipment .....						
5.	Other property and equipment .....						
6.	Total						



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0901		Alabama		2014							NAIC Company Code 12902
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		19,104									19,104
2. First Quarter .....		17,984									17,984
3. Second Quarter .....		16,971									16,971
4. Third Quarter .....		16,309									16,309
5. Current Year .....		15,892									15,892
6. Current Year Member Months		203,639									203,639
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b) .....		18,595,819									18,595,819
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		18,595,819									18,595,819
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services .....		17,064,636									17,064,636
18. Amount Incurred for Provision of Health Care Services		15,411,248									15,411,248

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....18,595,819



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

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REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Alaska		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		4,056									4,056	
2. First Quarter .....		3,823									3,823	
3. Second Quarter .....		3,603									3,603	
4. Third Quarter .....		3,517									3,517	
5. Current Year .....		3,453									3,453	
6. Current Year Member Months		43,491									43,491	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		3,442,863									3,442,863	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		3,442,863									3,442,863	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		3,159,377									3,159,377	
18. Amount Incurred for Provision of Health Care Services		2,853,266									2,853,266	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....3,442,863

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Arizona		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		8,517									8,517	
2. First Quarter .....		9,267									9,267	
3. Second Quarter .....		8,679									8,679	
4. Third Quarter .....		8,686									8,686	
5. Current Year .....		8,708									8,708	
6. Current Year Member Months		107,172									107,172	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		7,868,313									7,868,313	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		7,868,313									7,868,313	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		7,220,434									7,220,434	
18. Amount Incurred for Provision of Health Care Services		6,520,849									6,520,849	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....7,868,313



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0901		Arkansas		2014							NAIC Company Code 12902
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		6,599							1,162		5,437
2. First Quarter .....		7,388							1,893		5,495
3. Second Quarter .....		7,251							1,885		5,366
4. Third Quarter .....		7,228							1,879		5,349
5. Current Year .....		7,242							1,866		5,376
6. Current Year Member Months		86,925							22,594		64,331
Total Member Ambulatory Encounters for Year:											
7. Physician .....		32,383							32,383		
8. Non-Physician .....		33,067							33,067		
9. Total		65,450	0	0	0	0	0	0	65,450	0	0
10. Hospital Patient Days Incurred		1,625							1,625		
11. Number of Inpatient Admissions		296							296		
12. Health Premiums Written (b) .....		21,565,234							16,240,987		5,324,247
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		21,565,234							16,240,987		5,324,247
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services .....		18,312,993							13,427,145		4,885,847
18. Amount Incurred for Provision of Health Care Services		17,367,090							12,954,631		4,412,459

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....21,565,234



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		California		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		14,500									14,500	
2. First Quarter .....		12,936									12,936	
3. Second Quarter .....		10,328									10,328	
4. Third Quarter .....		9,609									9,609	
5. Current Year .....		9,177									9,177	
6. Current Year Member Months		131,008									131,008	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		13,481,784									13,481,784	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		13,481,784									13,481,784	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		12,371,692									12,371,692	
18. Amount Incurred for Provision of Health Care Services		11,173,002									11,173,002	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....13,481,784



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Colorado		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		1,370									1,370	
2. First Quarter .....		1,210									1,210	
3. Second Quarter .....		1,045									1,045	
4. Third Quarter .....		1,016									1,016	
5. Current Year .....		1,007									1,007	
6. Current Year Member Months		12,994									12,994	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		1,283,152									1,283,152	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		1,283,152									1,283,152	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		1,177,497									1,177,497	
18. Amount Incurred for Provision of Health Care Services		1,063,410									1,063,410	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,283,152



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Connecticut		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		1,410									1,410	
2. First Quarter .....		1,234									1,234	
3. Second Quarter .....		1,079									1,079	
4. Third Quarter .....		1,044									1,044	
5. Current Year .....		1,014									1,014	
6. Current Year Member Months		13,310									13,310	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		1,343,113									1,343,113	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		1,343,113									1,343,113	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		1,232,521									1,232,521	
18. Amount Incurred for Provision of Health Care Services		1,113,102									1,113,102	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,343,113





ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Delaware		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		2,028									2,028	
2. First Quarter .....		1,898									1,898	
3. Second Quarter .....		1,811									1,811	
4. Third Quarter .....		1,752									1,752	
5. Current Year .....		1,707									1,707	
6. Current Year Member Months		21,670									21,670	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,169,533									2,169,533	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,169,533									2,169,533	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		1,990,893									1,990,893	
18. Amount Incurred for Provision of Health Care Services		1,797,996									1,797,996	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,169,533



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		District of Columbia		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		2,782									2,782	
2. First Quarter .....		2,584									2,584	
3. Second Quarter .....		2,392									2,392	
4. Third Quarter .....		2,294									2,294	
5. Current Year .....		2,240									2,240	
6. Current Year Member Months		28,913									28,913	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,925,743									2,925,743	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,925,743									2,925,743	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		2,684,837									2,684,837	
18. Amount Incurred for Provision of Health Care Services		2,424,704									2,424,704	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,925,743



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Florida		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		1,402									1,402	
2. First Quarter .....		1,259									1,259	
3. Second Quarter .....		1,110									1,110	
4. Third Quarter .....		1,094									1,094	
5. Current Year .....		1,087									1,087	
6. Current Year Member Months		13,888									13,888	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		1,450,301									1,450,301	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		1,450,301									1,450,301	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		1,330,883									1,330,883	
18. Amount Incurred for Provision of Health Care Services		1,201,934									1,201,934	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,450,301



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Georgia		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		3,955							1,500		2,455	
2. First Quarter .....		4,848							2,663		2,185	
3. Second Quarter .....		4,538							2,663		1,875	
4. Third Quarter .....		4,494							2,672		1,822	
5. Current Year .....		4,427							2,656		1,771	
6. Current Year Member Months		55,310							31,960		23,350	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		54,226							54,226			
8. Non-Physician .....		8,810							8,810			
9. Total		63,036	0	0	0	0	0	0	63,036	0	0	
10. Hospital Patient Days Incurred		5,413							5,413			
11. Number of Inpatient Admissions		761							761			
12. Health Premiums Written (b) .....		25,924,832							23,618,479		2,306,353	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		25,924,832							23,618,479		2,306,353	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		23,252,236							21,135,789		2,116,448	
18. Amount Incurred for Provision of Health Care Services		22,748,448							20,837,062		1,911,386	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....25,924,832



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Hawaii		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		3,673									3,673	
2. First Quarter .....		3,297									3,297	
3. Second Quarter .....		2,770									2,770	
4. Third Quarter .....		2,550									2,550	
5. Current Year .....		2,450									2,450	
6. Current Year Member Months		34,610									34,610	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,590,238									2,590,238	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,590,238									2,590,238	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		2,376,957									2,376,957	
18. Amount Incurred for Provision of Health Care Services		2,146,655									2,146,655	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,590,238



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Idaho		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		4,956									4,956	
2. First Quarter .....		4,745									4,745	
3. Second Quarter .....		4,666									4,666	
4. Third Quarter .....		4,578									4,578	
5. Current Year .....		4,550									4,550	
6. Current Year Member Months		55,148									55,148	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		5,005,146									5,005,146	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		5,005,146									5,005,146	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		4,593,021									4,593,021	
18. Amount Incurred for Provision of Health Care Services		4,148,005									4,148,005	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....5,005,146



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Illinois		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		70,500									70,500	
2. First Quarter .....		66,781									66,781	
3. Second Quarter .....		55,061									55,061	
4. Third Quarter .....		50,041									50,041	
5. Current Year .....		46,850									46,850	
6. Current Year Member Months		690,061									690,061	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		64,066,873									64,066,873	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		64,066,873									64,066,873	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		58,791,596									58,791,596	
18. Amount Incurred for Provision of Health Care Services		53,095,295									53,095,295	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....64,066,873



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Indiana		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		3,136									3,136	
2. First Quarter .....		2,780									2,780	
3. Second Quarter .....		2,253									2,253	
4. Third Quarter .....		2,176									2,176	
5. Current Year .....		2,151									2,151	
6. Current Year Member Months		28,759									28,759	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,837,589									2,837,589	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,837,589									2,837,589	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		2,603,942									2,603,942	
18. Amount Incurred for Provision of Health Care Services		2,351,647									2,351,647	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,837,589





ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Iowa		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		1,179									1,179	
2. First Quarter .....		817									817	
3. Second Quarter .....		720									720	
4. Third Quarter .....		711									711	
5. Current Year .....		698									698	
6. Current Year Member Months		9,032									9,032	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		941,169									941,169	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		941,169									941,169	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		863,673									863,673	
18. Amount Incurred for Provision of Health Care Services		779,992									779,992	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....941,169



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Kansas		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		1,696									1,696	
2. First Quarter .....		1,589									1,589	
3. Second Quarter .....		1,443									1,443	
4. Third Quarter .....		1,472									1,472	
5. Current Year .....		1,508									1,508	
6. Current Year Member Months		17,818									17,818	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		1,543,308									1,543,308	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		1,543,308									1,543,308	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		1,416,232									1,416,232	
18. Amount Incurred for Provision of Health Care Services		1,279,014									1,279,014	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,543,308



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Kentucky		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		2,484									2,484	
2. First Quarter .....		2,237									2,237	
3. Second Quarter .....		1,802									1,802	
4. Third Quarter .....		1,739									1,739	
5. Current Year .....		1,694									1,694	
6. Current Year Member Months		22,921									22,921	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,201,267									2,201,267	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,201,267									2,201,267	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		2,020,015									2,020,015	
18. Amount Incurred for Provision of Health Care Services		1,824,296									1,824,296	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,201,267



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Louisiana		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		17,148									17,148	
2. First Quarter .....		16,113									16,113	
3. Second Quarter .....		15,289									15,289	
4. Third Quarter .....		14,702									14,702	
5. Current Year .....		14,236									14,236	
6. Current Year Member Months		182,865									182,865	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		17,411,048									17,411,048	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		17,411,048									17,411,048	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		15,977,419									15,977,419	
18. Amount Incurred for Provision of Health Care Services		14,429,372									14,429,372	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....17,411,048



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Maine		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		544									544	
2. First Quarter .....		484									484	
3. Second Quarter .....		446									446	
4. Third Quarter .....		434									434	
5. Current Year .....		429									429	
6. Current Year Member Months		5,420									5,420	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		472,557									472,557	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		472,557									472,557	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		433,647									433,647	
18. Amount Incurred for Provision of Health Care Services		391,631									391,631	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....472,557



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Maryland		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		11,602									11,602	
2. First Quarter .....		10,968									10,968	
3. Second Quarter .....		10,234									10,234	
4. Third Quarter .....		9,866									9,866	
5. Current Year .....		9,606									9,606	
6. Current Year Member Months		123,366									123,366	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		12,026,739									12,026,739	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		12,026,739									12,026,739	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		11,036,455									11,036,455	
18. Amount Incurred for Provision of Health Care Services		9,967,136									9,967,136	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....12,026,739



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Massachusetts		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		3,426									3,426	
2. First Quarter .....		2,977									2,977	
3. Second Quarter .....		2,367									2,367	
4. Third Quarter .....		2,287									2,287	
5. Current Year .....		2,209									2,209	
6. Current Year Member Months		30,310									30,310	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,882,852									2,882,852	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,882,852									2,882,852	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		2,645,478									2,645,478	
18. Amount Incurred for Provision of Health Care Services		2,389,158									2,389,158	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,882,852



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0901		Michigan		2014							NAIC Company Code 12902
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		6,880									6,880
2. First Quarter .....		6,578									6,578
3. Second Quarter .....		5,869									5,869
4. Third Quarter .....		6,001									6,001
5. Current Year .....		6,088									6,088
6. Current Year Member Months		74,762									74,762
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b) .....		6,839,797									6,839,797
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		6,839,797									6,839,797
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services .....		6,276,607									6,276,607
18. Amount Incurred for Provision of Health Care Services		5,668,468									5,668,468

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....6,839,797





ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Minnesota		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		1,387									1,387	
2. First Quarter .....		1,127									1,127	
3. Second Quarter .....		914									914	
4. Third Quarter .....		878									878	
5. Current Year		850									850	
6. Current Year Member Months		11,683									11,683	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		1,267,670									1,267,670	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		1,267,670									1,267,670	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		1,163,290									1,163,290	
18. Amount Incurred for Provision of Health Care Services		1,050,579									1,050,579	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,267,670



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Mississippi		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		15,774									15,774	
2. First Quarter .....		15,167									15,167	
3. Second Quarter .....		14,647									14,647	
4. Third Quarter .....		14,303									14,303	
5. Current Year .....		14,112									14,112	
6. Current Year Member Months		175,119									175,119	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		15,525,678									15,525,678	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		15,525,678									15,525,678	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		14,247,292									14,247,292	
18. Amount Incurred for Provision of Health Care Services		12,866,876									12,866,876	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....15,525,678



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Missouri		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		2,493									2,493	
2. First Quarter .....		1,981									1,981	
3. Second Quarter .....		1,589									1,589	
4. Third Quarter .....		1,540									1,540	
5. Current Year .....		1,509									1,509	
6. Current Year Member Months		20,428									20,428	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,141,264									2,141,264	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,141,264									2,141,264	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		1,964,952									1,964,952	
18. Amount Incurred for Provision of Health Care Services		1,774,568									1,774,568	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,141,264



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Montana		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		475									475	
2. First Quarter .....		376									376	
3. Second Quarter .....		317									317	
4. Third Quarter .....		300									300	
5. Current Year .....		298									298	
6. Current Year Member Months		3,994									3,994	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		400,152									400,152	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		400,152									400,152	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		367,203									367,203	
18. Amount Incurred for Provision of Health Care Services		331,625									331,625	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....400,152



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Nebraska		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		700									700	
2. First Quarter .....		464									464	
3. Second Quarter .....		376									376	
4. Third Quarter .....		371									371	
5. Current Year .....		367									367	
6. Current Year Member Months		4,868									4,868	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		494,110									494,110	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		494,110									494,110	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		453,425									453,425	
18. Amount Incurred for Provision of Health Care Services		409,493									409,493	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....494,110



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0901		Nevada		2014							NAIC Company Code 12902
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		1,886									1,886
2. First Quarter .....		1,694									1,694
3. Second Quarter .....		1,390									1,390
4. Third Quarter .....		1,366									1,366
5. Current Year .....		1,334									1,334
6. Current Year Member Months		18,081									18,081
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b) .....		1,669,266									1,669,266
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		1,669,266									1,669,266
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services .....		1,531,819									1,531,819
18. Amount Incurred for Provision of Health Care Services		1,383,401									1,383,401

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,669,266



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		New Hampshire		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		462									462	
2. First Quarter .....		405									405	
3. Second Quarter .....		342									342	
4. Third Quarter .....		322									322	
5. Current Year .....		310									310	
6. Current Year Member Months		4,247									4,247	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		367,380									367,380	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		367,380									367,380	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		337,130									337,130	
18. Amount Incurred for Provision of Health Care Services		304,465									304,465	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....367,380



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		New Jersey		2014							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12902	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		1,400									1,400	
2. First Quarter .....		1,214									1,214	
3. Second Quarter .....		1,041									1,041	
4. Third Quarter .....		1,022									1,022	
5. Current Year .....		1,005									1,005	
6. Current Year Member Months		13,023									13,023	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		1,439,895									1,439,895	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		1,439,895									1,439,895	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		1,321,333									1,321,333	
18. Amount Incurred for Provision of Health Care Services		1,193,310									1,193,310	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,439,895





ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		New Mexico		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		330									330	
2. First Quarter .....		290									290	
3. Second Quarter .....		252									252	
4. Third Quarter .....		234									234	
5. Current Year .....		228									228	
6. Current Year Member Months		3,145									3,145	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		266,663									266,663	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		266,663									266,663	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		244,706									244,706	
18. Amount Incurred for Provision of Health Care Services		220,997									220,997	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....266,663

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		New York		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		56,273									56,273	
2. First Quarter .....		52,306									52,306	
3. Second Quarter .....		49,022									49,022	
4. Third Quarter .....		46,979									46,979	
5. Current Year .....		45,681									45,681	
6. Current Year Member Months		587,408									587,408	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		60,233,125									60,233,125	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		60,233,125									60,233,125	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		55,273,520									55,273,520	
18. Amount Incurred for Provision of Health Care Services		49,918,084									49,918,084	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....60,233,125



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		North Carolina		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		1,717									1,717	
2. First Quarter .....		1,383									1,383	
3. Second Quarter .....		1,203									1,203	
4. Third Quarter .....		1,186									1,186	
5. Current Year .....		1,148									1,148	
6. Current Year Member Months		14,976									14,976	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		1,646,683									1,646,683	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		1,646,683									1,646,683	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		1,511,095									1,511,095	
18. Amount Incurred for Provision of Health Care Services		1,364,686									1,364,686	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,646,683



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		North Dakota		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		379									379	
2. First Quarter .....		249									249	
3. Second Quarter .....		222									222	
4. Third Quarter .....		216									216	
5. Current Year .....		212									212	
6. Current Year Member Months		2,734									2,734	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		265,929									265,929	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		265,929									265,929	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		244,033									244,033	
18. Amount Incurred for Provision of Health Care Services		220,388									220,388	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....265,929



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Ohio		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		2,559									2,559	
2. First Quarter .....		2,206									2,206	
3. Second Quarter .....		1,810									1,810	
4. Third Quarter .....		1,745									1,745	
5. Current Year .....		1,707									1,707	
6. Current Year Member Months		22,985									22,985	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,591,316									2,591,316	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,591,316									2,591,316	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		2,377,947									2,377,947	
18. Amount Incurred for Provision of Health Care Services		2,147,548									2,147,548	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,591,316



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0901		Oklahoma		2014							NAIC Company Code 12902
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		4,405							1,135		3,270
2. First Quarter .....		3,937							1,078		2,859
3. Second Quarter .....		3,411							1,043		2,368
4. Third Quarter .....		3,303							1,022		2,281
5. Current Year .....		3,219							994		2,225
6. Current Year Member Months		43,120							12,535		30,585
Total Member Ambulatory Encounters for Year:											
7. Physician .....		25,908							25,908		
8. Non-Physician .....		7,035							7,035		
9. Total .....		32,943	0	0	0	0	0	0	32,943	0	0
10. Hospital Patient Days Incurred		1,222							1,222		
11. Number of Inpatient Admissions		219							219		
12. Health Premiums Written (b) .....		11,777,170							9,010,391		2,766,780
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		11,777,170							9,010,391		2,766,780
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services .....		9,988,253							7,449,290		2,538,963
18. Amount Incurred for Provision of Health Care Services		9,480,106							7,187,143		2,292,963

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....11,777,170

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Oregon		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		10,201									10,201	
2. First Quarter .....		9,862									9,862	
3. Second Quarter .....		9,786									9,786	
4. Third Quarter .....		9,829									9,829	
5. Current Year .....		9,862									9,862	
6. Current Year Member Months		116,830									116,830	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		9,727,941									9,727,941	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		9,727,941									9,727,941	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		8,926,941									8,926,941	
18. Amount Incurred for Provision of Health Care Services		8,062,012									8,062,012	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....9,727,941



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0901		Pennsylvania		2014							NAIC Company Code 12902
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		14,284									14,284
2. First Quarter .....		14,106									14,106
3. Second Quarter .....		13,816									13,816
4. Third Quarter .....		13,823									13,823
5. Current Year .....		13,865									13,865
6. Current Year Member Months		164,786									164,786
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b) .....		15,565,931									15,565,931
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		15,565,931									15,565,931
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services .....		14,284,229									14,284,229
18. Amount Incurred for Provision of Health Care Services		12,900,235									12,900,235

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....15,565,931





ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Rhode Island		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		481									481	
2. First Quarter .....		410									410	
3. Second Quarter .....		321									321	
4. Third Quarter .....		319									319	
5. Current Year		314									314	
6. Current Year Member Months		4,203									4,203	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		395,423									395,423	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		395,423									395,423	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		362,864									362,864	
18. Amount Incurred for Provision of Health Care Services		327,706									327,706	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....395,423

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		South Carolina		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		11,019									11,019	
2. First Quarter .....		2,382									2,382	
3. Second Quarter .....		1,851									1,851	
4. Third Quarter .....		1,768									1,768	
5. Current Year .....		1,704									1,704	
6. Current Year Member Months		23,901									23,901	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,339,181									2,339,181	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,339,181									2,339,181	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		2,146,573									2,146,573	
18. Amount Incurred for Provision of Health Care Services		1,938,592									1,938,592	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,339,181



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0901		South Dakota		2014							NAIC Company Code 12902
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		367									367
2. First Quarter .....		234									234
3. Second Quarter .....		203									203
4. Third Quarter .....		197									197
5. Current Year .....		196									196
6. Current Year Member Months		2,564									2,564
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b) .....		270,321									270,321
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		270,321									270,321
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services .....		248,063									248,063
18. Amount Incurred for Provision of Health Care Services		224,028									224,028

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....270,321



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0901		Tennessee		2014							NAIC Company Code 12902
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		25,789									25,789
2. First Quarter .....		23,771									23,771
3. Second Quarter .....		21,673									21,673
4. Third Quarter .....		20,620									20,620
5. Current Year .....		20,029									20,029
6. Current Year Member Months		263,540									263,540
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b) .....		25,152,818									25,152,818
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		25,152,818									25,152,818
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services .....		23,081,731									23,081,731
18. Amount Incurred for Provision of Health Care Services		20,845,349									20,845,349

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....25,152,818



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Texas		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		207,363							105,647	24,915	76,801	
2. First Quarter .....		200,552							104,194	25,051	71,307	
3. Second Quarter .....		194,843							104,084	25,174	65,585	
4. Third Quarter .....		213,036							104,319	46,177	62,540	
5. Current Year .....		212,660							105,637	46,425	60,598	
6. Current Year Member Months		2,434,266							1,253,307	385,766	795,193	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		3,578,549							2,865,491	713,058		
8. Non-Physician .....		1,752,795							1,700,593	52,202		
9. Total .....		5,331,344	0	0	0	0	0	0	4,566,084	765,260	0	
10. Hospital Patient Days Incurred		158,630							139,887	18,743		
11. Number of Inpatient Admissions		26,484							22,781	3,703		
12. Health Premiums Written (b) .....		1,791,391,025							1,309,891,944	408,639,462	72,859,619	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		1,791,391,025							1,309,891,944	408,639,462	72,859,619	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		1,496,453,903							1,095,123,438	334,470,119	66,860,346	
18. Amount Incurred for Provision of Health Care Services		1,483,919,918							1,064,643,616	358,894,036	60,382,266	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,382,751,563



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Utah		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		4,175									4,175	
2. First Quarter .....		3,997									3,997	
3. Second Quarter .....		3,833									3,833	
4. Third Quarter .....		3,770									3,770	
5. Current Year .....		3,761									3,761	
6. Current Year Member Months		45,833									45,833	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		4,153,480									4,153,480	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		4,153,480									4,153,480	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		3,811,482									3,811,482	
18. Amount Incurred for Provision of Health Care Services		3,442,188									3,442,188	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....4,153,480



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Vermont		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		429									429	
2. First Quarter .....		361									361	
3. Second Quarter .....		322									322	
4. Third Quarter .....		307									307	
5. Current Year .....		300									300	
6. Current Year Member Months		3,921									3,921	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		332,564									332,564	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		332,564									332,564	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		305,181									305,181	
18. Amount Incurred for Provision of Health Care Services		275,612									275,612	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....332,564



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Virginia		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		2,879									2,879	
2. First Quarter .....		2,397									2,397	
3. Second Quarter .....		1,910									1,910	
4. Third Quarter .....		1,729									1,729	
5. Current Year .....		1,694									1,694	
6. Current Year Member Months		24,332									24,332	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,471,316									2,471,316	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,471,316									2,471,316	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		2,267,828									2,267,828	
18. Amount Incurred for Provision of Health Care Services		2,048,099									2,048,099	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,471,316





ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Washington		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12902	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		22,554									22,554	
2. First Quarter .....		21,790									21,790	
3. Second Quarter .....		21,227									21,227	
4. Third Quarter .....		21,187									21,187	
5. Current Year .....		21,178									21,178	
6. Current Year Member Months		254,421									254,421	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		21,438,763									21,438,763	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		21,438,763									21,438,763	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		19,673,492									19,673,492	
18. Amount Incurred for Provision of Health Care Services		17,767,333									17,767,333	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....21,438,763



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		West Virginia		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		6,890							2,896		3,994	
2. First Quarter .....		4,022									4,022	
3. Second Quarter .....		3,975									3,975	
4. Third Quarter .....		3,985									3,985	
5. Current Year .....		4,012									4,012	
6. Current Year Member Months		47,293									47,293	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		4,438,072							(6,456)		4,444,528	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		4,438,072							(6,456)		4,444,528	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		5,498,934							1,420,369		4,078,565	
18. Amount Incurred for Provision of Health Care Services		3,097,779							(585,614)		3,683,394	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....4,438,072



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Wisconsin		2014							NAIC Company Code 12902	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		2,381									2,381	
2. First Quarter .....		2,081									2,081	
3. Second Quarter .....		1,742									1,742	
4. Third Quarter .....		1,683									1,683	
5. Current Year .....		1,628									1,628	
6. Current Year Member Months		21,850									21,850	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		2,183,357									2,183,357	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		2,183,357									2,183,357	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		2,003,579									2,003,579	
18. Amount Incurred for Provision of Health Care Services		1,809,453									1,809,453	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,183,357



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0901		Wyoming		2014							NAIC Company Code 12902
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		202									202
2. First Quarter .....		149									149
3. Second Quarter .....		123									123
4. Third Quarter .....		120									120
5. Current Year .....		125									125
6. Current Year Member Months		1,588									1,588
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b) .....		149,475									149,475
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		149,475									149,475
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services .....		137,167									137,167
18. Amount Incurred for Provision of Health Care Services		123,877									123,877

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....149,475



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring Life & Health Insurance Company, Inc. 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0901		Grand Total		2014							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12902	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		592,201	0	0	0	0	0	0	112,340	24,915	454,946	
2. First Quarter .....		552,706	0	0	0	0	0	0	109,828	25,051	417,827	
3. Second Quarter .....		513,890	0	0	0	0	0	0	109,675	25,174	379,041	
4. Third Quarter .....		519,737	0	0	0	0	0	0	109,892	46,177	363,668	
5. Current Year .....		511,731	0	0	0	0	0	0	111,153	46,425	354,153	
6. Current Year Member Months		6,328,529	0	0	0	0	0	0	1,320,396	385,766	4,622,367	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		3,691,066	0	0	0	0	0	0	2,978,008	713,058	0	
8. Non-Physician .....		1,801,707	0	0	0	0	0	0	1,749,505	52,202	0	
9. Total .....		5,492,773	0	0	0	0	0	0	4,727,513	765,260	0	
10. Hospital Patient Days Incurred		166,890	0	0	0	0	0	0	148,147	18,743	0	
11. Number of Inpatient Admissions		27,760	0	0	0	0	0	0	24,057	3,703	0	
12. Health Premiums Written (b) .....		2,198,965,241	0	0	0	0	0	0	1,358,755,345	408,639,462	431,570,434	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....		0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....		2,198,965,241	0	0	0	0	0	0	1,358,755,345	408,639,462	431,570,434	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....		1,869,061,003	0	0	0	0	0	0	1,138,556,032	334,470,119	396,034,853	
18. Amount Incurred for Provision of Health Care Services		1,821,594,024	0	0	0	0	0	0	1,105,036,838	358,894,036	357,663,150	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,790,325,778

Schedule S - Part 1 - Section 2  
**N O N E**

Schedule S - Part 2  
**N O N E**

Schedule S - Part 3 - Section 2  
**N O N E**

Schedule S - Part 4  
**N O N E**

Schedule S - Part 4 - Bank Footnote  
**N O N E**

Schedule S - Part 5  
**N O N E**

Schedule S - Part 5 - Bank Footnote  
**N O N E**

Schedule S - Part 6  
**N O N E**

Schedule S - Part 7  
**N O N E**

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only				
		1	2	3	4	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama .....	AL				
2.	Alaska .....	AK				
3.	Arizona .....	AZ				
4.	Arkansas .....	AR				
5.	California .....	CA				
6.	Colorado .....	CO				
7.	Connecticut .....	CT				
8.	Delaware .....	DE				
9.	District of Columbia .....	DC				
10.	Florida .....	FL				
11.	Georgia .....	GA				
12.	Hawaii .....	HI				
13.	Idaho .....	ID				
14.	Illinois .....	IL				
15.	Indiana .....	IN				
16.	Iowa .....	IA				
17.	Kansas .....	KS				
18.	Kentucky .....	KY				
19.	Louisiana .....	LA				
20.	Maine .....	ME				
21.	Maryland .....	MD				
22.	Massachusetts .....	MA				
23.	Michigan .....	MI				
24.	Minnesota .....	MN				
25.	Mississippi .....	MS				
26.	Missouri .....	MO				
27.	Montana .....	MT				
28.	Nebraska .....	NE				
29.	Nevada .....	NV				
30.	New Hampshire .....	NH				
31.	New Jersey .....	NJ				
32.	New Mexico .....	NM				
33.	New York .....	NY				
34.	North Carolina .....	NC				
35.	North Dakota .....	ND				
36.	Ohio .....	OH				
37.	Oklahoma .....	OK				
38.	Oregon .....	OR				
39.	Pennsylvania .....	PA				
40.	Rhode Island .....	RI				
41.	South Carolina .....	SC				
42.	South Dakota .....	SD				
43.	Tennessee .....	TN				
44.	Texas .....	TX				
45.	Utah .....	UT				
46.	Vermont .....	VT				
47.	Virginia .....	VA				
48.	Washington .....	WA				
49.	West Virginia .....	WV				
50.	Wisconsin .....	WI				
51.	Wyoming .....	WY				
52.	American Samoa .....	AS				
53.	Guam .....	GU				
54.	Puerto Rico .....	PR				
55.	U.S. Virgin Islands .....	VI				
56.	Northern Mariana Islands .....	MP				
57.	Canada .....	CAN				
58.	Aggregate Other Alien .....	OT				
59.	Total					

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901	Cigna Group		06-1059331	1591167	0000701221	US	Cigna Corporation	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1072796	1591167	0000701221		Cigna Holdings, Inc.	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		51-0402128	1591167	0000701221		Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1095823	1591167	0000701221		Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		52-0291385	1591167	0000701221		Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-1914061	1591167	0000701221		Former Cigna Investments, Inc	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-0861092	1591167	0000701221		Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1336442	1591167	0000701221		Cigna Mezzanine Partners III, L.P.	DE	NIA	Cigna Mezzanine Partners III, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1336442	1591167	0000701221		Cigna Mezzanine Partners III, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		01-0947889	1591167	0000701221		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-0840391	1591167	0000701221		Connecticut General Corporation	CT	UIP	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		81-0585518	1591167	0000701221		Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	12814	20-4433475	1591167	0000701221		Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-3851464	1591167	0000701221		Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		81-0400550	1591167	0000701221		Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		71-0916514	1591167	0000701221		Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation	
0901	Cigna Group		81-0425785	1591167	0000701221		Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Star Point, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-1821898	1591167	0000701221		HealthSpring, Inc.	DE	UIP	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		76-0628370	1591167	0000701221		NewQuest, LLC	TX	UDP	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		52-1929677	1591167	0000701221		Bravo Health, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	10095	52-2259087	1591167	0000701221		Bravo Health Mid-Atlantic, Inc.	MD	IA	Bravo Health, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11254	52-2363406	1591167	0000701221		Bravo Health Pennsylvania, Inc.	PA	IA	Bravo Health, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group						HealthSpring Life & Health Insurance Company, Inc.	TX	RE	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	12902	20-8534298	1591167	0000701221		HealthSpring of Alabama, Inc.	AL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95781	63-0925225	1591167	0000701221		HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11532	65-1129599	1591167	0000701221		NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		77-0632665	1591167	0000701221		NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-4954206	1591167	0000701221		HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-8647386	1591167	0000701221		NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		45-0633893	1591167	0000701221		TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		75-3108527	1591167	0000701221		HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		75-3108521	1591167	0000701221		GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	
0901	Cigna Group		76-0657035	1591167	0000701221		NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		33-1033586	1591167	0000701221		HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		72-1559530	1591167	0000701221		HealthSpring Management, Inc.	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		62-1540621	1591167	0000701221		HealthSpring of Tennessee, Inc.	TN	IA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11522	62-1593150	1591167	0000701221		Tennessee Quest, LLC	TN	NIA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-5524622	1591167	0000701221		HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		26-2353476	1591167	0000701221		HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		26-2353772	1591167	0000701221		Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	13733	03-0452349	1591167	0000701221		Cigna Behavioral Health, Inc.	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		41-1648670	1591167	0000701221		Cigna Behavioral Health of California, Inc.	CA	IA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		94-3107309	1591167	0000701221		Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		75-2751090	1591167	0000701221		MCC Independent Practice Association of New York, Inc.	NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1346406	1591167	0000701221									



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901	Cigna Group		59-2308055	1591167	0000701221		Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		59-2600475	1591167	0000701221		Cigna Dental Health Of California, Inc.	CA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11175	59-2675861	1591167	0000701221		Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95380	59-2676987	1591167	0000701221		Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	52021	59-1611217	1591167	0000701221		Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1351097	1591167	0000701221		Cigna Dental Health Of Illinois, Inc.	IL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	52024	59-2625350	1591167	0000701221		Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	52108	59-2619589	1591167	0000701221		Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11160	06-1582068	1591167	0000701221		Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11167	59-2308062	1591167	0000701221		Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95179	56-1803464	1591167	0000701221		Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	47805	59-2579774	1591167	0000701221		Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	47041	52-1220578	1591167	0000701221		Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95037	59-2676977	1591167	0000701221		Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	52617	52-2188914	1591167	0000701221		Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	47013	86-0807222	1591167	0000701221		Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	48119	59-2740468	1591167	0000701221		Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		62-1312478	1591167	0000701221		Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		02-0387748	1591167	0000701221		Healthsource, Inc.	NH	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95125	86-0334392	1591167	0000701221		Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		95-3310115	1591167	0000701221		Cigna HealthCare of California, Inc.	CA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95604	84-1004500	1591167	0000701221		Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95660	06-1141174	1591167	0000701221		Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95136	59-2089259	1591167	0000701221		Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95602	36-3385638	1591167	0000701221		Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95477	01-0418220	1591167	0000701221		Cigna HealthCare of Maine, Inc.	ME	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95220	02-0402111	1591167	0000701221		Cigna HealthCare of Massachusetts, Inc.	MA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95599	52-1404350	1591167	0000701221		Cigna HealthCare Mid-Atlantic, Inc.	MD	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95493	02-0387749	1591167	0000701221		Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95500	22-2720890	1591167	0000701221		Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95121	23-2301807	1591167	0000701221		Cigna HealthCare of Pennsylvania, Inc.	PA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95635	36-3359925	1591167	0000701221		Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95518	62-1230908	1591167	0000701221		Cigna HealthCare of Utah, Inc.	UT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	96229	58-1641057	1591167	0000701221		Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95383	74-2767437	1591167	0000701221		Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95525	35-1679172	1591167	0000701221		Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95488	11-2758941	1591167	0000701221		Cigna HealthCare of New York, Inc.	NY	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95606	62-1218053	1591167	0000701221		Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95132	56-1479515	1591167	0000701221		Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95708	06-1185590	1591167	0000701221		Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Temple Insurance Company Limited	BMU	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		86-3581583	1591167	0000701221		Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		02-0467679	1591167	0000701221		Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		02-0515554	1591167	0000701221		Choicelinx Corporation	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		35-1641636	1591167	0000701221		Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		84-0985843	1591167	0000701221		Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95388	93-1174749	1591167	0000701221		Great-West Healthcare of Illinois, Inc.	IL	IA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		02-0495422	1591167	0000701221		Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		AA-1560515	1591167	0000701221		Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	*
..0901	Cigna Group .....	..64548 .....	13-2556568 .....	3281743 .....	0000701221 .....	.....	Cigna Life Insurance Company of New York .....	..NY .....	..IA .....	Connecticut General Corporation .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	..62308 .....	06-0303370 .....	1591167 .....	0000701221 .....	.....	Connecticut General Life Insurance Company .....	..CT .....	..IA .....	Connecticut General Corporation .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	06-0303370 .....	1591167 .....	0000701221 .....	.....	CG Gillette Ridge, LLC .....	..DE .....	..NIA .....	Company .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	74-3091940 .....	1591167 .....	0000701221 .....	.....	Gillette Ridge Apartments, LLC .....	..MD .....	..NIA .....	CG Gillette Ridge LLC .....	Ownership.....	..65.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	06-0303370 .....	1591167 .....	0000701221 .....	.....	CG Merrick, LLC .....	..DE .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	52-2345309 .....	1591167 .....	0000701221 .....	.....	Merrick Park, LLC .....	..DE .....	..NIA .....	CG Merrick LLC .....	Ownership.....	..30.000 .....	Cigna Corporation .....	General Growth Properties, Inc. -non-affiliate)
..0901	Cigna Group .....	.....	52-2225244 .....	1591167 .....	0000701221 .....	.....	Merrick Park Parking, LLC .....	..MD .....	..NIA .....	CG Merrick LLC .....	Ownership.....	..30.000 .....	Cigna Corporation .....	General Growth Properties, Inc. -non-affiliate)
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	Civic Holding, LLC .....	..DE .....	..NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	..85.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	45-3481107 .....	1591167 .....	0000701221 .....	.....	CG Mystic Center LLC .....	..DE .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	Station Landing Holding, LLC .....	..DE .....	..NIA .....	CG Mystic Center LLC .....	Ownership.....	..85.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	45-3481241 .....	1591167 .....	0000701221 .....	.....	CG Mystic Land LLC .....	..DE .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	ND/CG HOLDING, LLC .....	..MA .....	..NIA .....	CG Mystic Land LLC .....	Ownership.....	..50.000 .....	Cigna Corporation .....	Cigna Corporation and ND Mystic Center Holding LLC -non-affiliate)
..0901	Cigna Group .....	.....	20-3870049 .....	1591167 .....	0000701221 .....	.....	CG Skyline, LLC .....	..DE .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	Skyline ND/CG LLC .....	..MA .....	..NIA .....	CG Skyline LLC .....	Ownership.....	..85.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	ND Mystic Center Note LLC .....	..DE .....	..NIA .....	Skyline ND/CG LLC .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	Skyline Mezzanine Borrower LLC .....	..MA .....	..NIA .....	Skyline ND/CG LLC .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	Skyline at Station Landing LLC .....	..MA .....	..NIA .....	Skyline Mezzanine Borrower LLC .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	26-0180898 .....	1591167 .....	0000701221 .....	.....	CareAllies, LLC .....	..DE .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	Carson Bayport I LP .....	..DE .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..59.400 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	CG Bayport LLC .....	..DE .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..75.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	Bayport Colony Apartments LLC .....	..FL .....	..NIA .....	CG Bayport LLC .....	Ownership.....	..99.900 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	CG-LINA Bayport I LLC .....	..DE .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..75.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	UNICO/CG Commonwealth LLC .....	..DE .....	..NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	..80.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	Commonwealth Acquistion LLC .....	..DE .....	..NIA .....	Unico / CG Commonwealth LLC .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	UNICO-CG Lovejoy LLC .....	..OR .....	..NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	..80.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	32-0222252 .....	1591167 .....	0000701221 .....	.....	Cigna Onsite Health, LLC .....	..DE .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	CR Longwood Investors L.P. ....	..DE .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..24.600 .....	Cigna Corporation .....	Charles River Realty Longwood, LLC -non-affiliate)
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	ND/CR Longwood LLC .....	..DE .....	..NIA .....	CR Longwood Investors L.P. ....	Ownership.....	..95.000 .....	Cigna Corporation .....	.....
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	ARE/ND/CR Longwood LLC .....	..DE .....	..NIA .....	ND / CR Longwood LLC .....	Ownership.....	..35.000 .....	Cigna Corporation .....	ARE-MA Region No. 41, LLC -non-affiliate)
..0901	Cigna Group .....	.....	00-0000000 .....	1591167 .....	0000701221 .....	.....	Gillette Ridge Community Council, Inc. ....	..CT .....	..NIA .....	Connecticut General Life Insurance Company .....	Ownership.....	..100.000 .....	Cigna Corporation .....	.....

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901	Cigna Group		20-3700105	1591167	0000701221		Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	.60.000	Cigna Corporation	
0901	Cigna Group		52-2149519	1591167	0000701221		Hazard Center Investment Company LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Secon Properties, LP	CA	NIA	Connecticut General Life Insurance Company	Ownership	.50.000	South Coast Plaza Associates, LLC - non-affiliate)	
0901	Cigna Group		00-0000000	1591167	0000701221		Teal Rock 501 Grant Street GP, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	.56.273	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Teal Rock 501 Grant Street, LP	DE	NIA	Connecticut General Life Insurance Company	Ownership	.55.710	Cigna Corporation	
0901	Cigna Group		23-3074013	1591167	0000701221		TEL-Drug of Pennsylvania, L.L.C.	PA	NIA	Connecticut General Life Insurance Company	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		AEW/FDG, LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.13.640	AEW Core Property Trust Holding LP - non-affiliate)	
0901	Cigna Group		00-0000000	1591167	0000701221		CR Washington Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.33.820	Charles River Washington Street LLC - non-affiliate)	
0901	Cigna Group		00-0000000	1591167	0000701221		ND/CR Unicorn LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.70.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Union Wharf Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.80.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		AMD Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.80.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		SP Newport Crossing LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.85.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.85.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		CG Seventh Street LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.87.500	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.85.000	Cigna Corporation	
0901	Cigna Group		41-2189110	1591167	0000701221		CG-LINA Realty Investors LLC	DE	NIA	Connectiot General Life Insurance Company	Ownership	.75.000	Cigna Corporation	
0901	Cigna Group		80-0668090	1591167	0000701221		Alessandro Parners, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.94.700	Cigna Corporation	
0901	Cigna Group		45-2242273	1591167	0000701221		115 Sansome Street Associates, LLC	DE	NIA	CG-LINA Realty Investors, LLC	Ownership	.90.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		121 Tasman Apartments LLC	DE	NIA	CG-LINA Realty Investors, LLC	Ownership	.85.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Alto Apartments LLC	WA	NIA	CG-LINA Realty Investors, LLC	Ownership	.80.000	Cigna Corporation	
0901	Cigna Group		20-4786821	1591167	0000701221		CG-LINA Paper Box LLC	DE	NIA	CG-LINA Realty Investors, LLC	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		27-5402196	1591167	0000701221		Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Dulles Town Center Mall, LLC	VA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	.50.000	Cigna Corporation	
0901	Cigna Group		27-0268530	1591167	0000701221		CORAC, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	.50.000	Cigna Corporation	
0901	Cigna Group		27-3923999	1591167	0000701221		Bridgepoint Office Park Associates, LLC	DE	NIA	Corac, LLC	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		27-3126102	1591167	0000701221		Fairway Center Associates, LLC	DE	NIA	Corac, LLC	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		27-3582688	1591167	0000701221		Henry on the Park Associates, LLC	DE	NIA	Corac, LLC	Ownership	.80.000	Cigna Corporation	
0901	Cigna Group	67369	59-1031071	1591167	0000701221		Cigna Health and Life Insurance Company	CT	NIA	Connecticut General Life Insurance Company	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		45-2681649	1591167	0000701221		CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		27-3396038	1591167	0000701221		Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	.100.000	Cigna Corporation	

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life &amp; Health Insurance Company, Inc.

## SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901	Cigna Group		27-1903785	1591167	0000701221		Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	65269	75-2305400				Provident American Life and Health Insurance Company	OH	IA	Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-1728483	1591167	0000701221		Cigna Health Management, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-8064696	1591167	0000701221		Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	65498	23-1503749	1591167	0000701221		Life Insurance Company of North America	PA	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna & CMC Life Insurance Company Limited	CHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		LINA Life Insurance Company of Korea		IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		58-1136865	1591167	0000701221		Cigna Direct Marketing Company, Inc.	DE	NIA	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		46-0427127	1591167	0000701221		Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Vielife Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Vielife Limited	GBR	NIA	Vielife Holdings Limited	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		98-0463704	1591167	0000701221		Vielife Services, Inc.	DE	NIA	Vielife Holdings Limited	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Businesshealth UK Limited	GBR	NIA	Vielife Holdings Limited	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1332403	1591167	0000701221		CG Individual Tax Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1332405	1591167	0000701221		CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		62-1724116	1591167	0000701221		Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-2741293	1591167	0000701221		Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-2924152	1591167	0000701221		Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-2741294	1591167	0000701221		Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1071502	1591167	0000701221		Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1522976	1591167	0000701221		Blodgett & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1567902	1591167	0000701221		Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group						Connecticut General Benefit Payments, Inc.							
0901	Cigna Group		06-1252419	1591167	0000701221			DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1533555	1591167	0000701221		Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		35-2041388	1591167	0000701221		IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1252418	1591167	0000701221		LINA Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		88-0334401	1591167	0000701221		Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		88-0344624	1591167	0000701221		Universal Claims Administration	MT	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		51-0389196	1591167	0000701221		Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		51-0111677	1591167	0000701221		Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-2610178	1591167	0000701221		Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group						Cigna International Marketing -Thailand)							
0901	Cigna Group		30-3087621	1591167	0000701221		Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		CGO PARTICIPATOS LTDA.	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		YCFM Servicios LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	59.930	Cigna Corporation	
0901	Cigna Group		AA-3190987	1591167	0000701221		Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-3009279	1591167	0000701221		Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Turkey Consultancy Services, A.S.	TUR	IA	Cigna Holdings Overseas, Inc.	Ownership	99.999	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Nederland Alpha Cooperatief U.A.	NLD	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.999	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Nederland Beta B.V.	NLD	NIA	Cigna Nederland Alpha Cooperatief U.A.	Ownership	100.000	Cigna Corporation	

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Nederland Gamma B.V.	.NLD	NIA	Cigna Nederland Alpha Cooperatief U.A	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		AA-1240009	1591167	0000701221		Cigna Life Insurance Company of Europe S.A.-N.V.	.BEL	IA	Cigna Elmwood Holdings, SPRL	Ownership	.99.999	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Europe Insurance Company S.A.-N.V.	.BEL	IA	Cigna Elmwood Holdings, SPRL	Ownership	.99.999	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna European Services -UK) Limited	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		CIGNA 2000 UK Pension LTD		NIA	Cigna European Services -UK) Limited	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Health Solution India Pvt. Ltd.	.IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	.99.999	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna International Services Australia Pty Ltd	.AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Apac Holdings Limited	.BMU	NIA	Cigna Holdings Overseas, Inc.	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Life Insurance New Zealand Limited	.NZL	IA	Cigna Chestnut Holdings, Inc. Ltd.	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Taiwan Life Assurance Company Limited	.TWN	IA	Cigna Apac Holdings Limited	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Hong Kong Holdings Company Limited	.HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Data Services -Shanghai) Company Limited	.CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna HLA Technology Services Limited	.HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Worldwide General Insurance Company Limited	.HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	.97.500	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Worldwide Life Insurance Company Limited	.HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	.97.500	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		PT GAR Indonesia	.IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	.99.160	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		PT PGU Indonesia	.IDN	NIA	PT GAR Indonesia	Ownership	.99.990	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		RHP -Thailand) Limited	.THA	NIA	Cigna Apac Holdings Limited	Ownership	.49.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Brokerage & Marketing -Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	.75.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		KDM -Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Insurance Public Company Limited	.THA	IA	KDM Thailand Limited	Ownership	.75.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Global Insurance Company Limited	.GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	.99.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna International Health Services, BVBA	.BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	.99.990	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Vanbreda International Sdn. Bhd.	.MYS	NIA	Cigna Hong Kong Holdings Company Ltd.	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Vanbreda International, LLC	.FL	NIA	Cigna International Health Services, BVBA	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group	.90859	23-2088429	1591167	0000701221		Cigna Worldwide Insurance Company	.DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		AA-5360003	1591167	0000701221		PT. Asuransi Cigna	.IDN	IA	Cigna Worldwide Insurance Company	Ownership	.80.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		FirstAssist Group Holdings Limited	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		FirstAssist Group Limited	.GBR	NIA	FirstAssist Group Holdings Limited	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		FirstAssist Administration Limited	.GBR	NIA	FirstAssist Group Holdings Limited	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		FirstAssist Legal Protection Limited	.GBR	NIA	FirstAssist Group Holdings Limited	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Insurance Services -Europe) Limited	.GBR	NIA	FirstAssist Group Holdings Limited	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000				Market Street Residential Holdings LLC	.DE	NIA	Cigna Affiliates Realty Investment Group LLC	Ownership	.85.000	Cigna Corporation	
..0901	Cigna Group		00-0000000				Arborpoint at Market Street LLC	.DE	NIA	Market Street Residential Holdings LLC	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000				Market Street Retail Holdings LLC	.DE	NIA	Cigna Affiliates Realty Investment Group LLC	Ownership	.60.890	Cigna Corporation	
..0901	Cigna Group		00-0000000				Market Street South LLC	.DE	NIA	Market Street Retail Holdings LLC	Ownership	.100.000	Cigna Corporation	
..0901	Cigna Group		00-0000000				Diamondview Tower CM-CG LLC	.DE	NIA	Cigna Affiliates Realty Investment Group LLC	Ownership	.90.000	Cigna Corporation	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901	Cigna Group		00-0000000				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Reality Investment Group LLC	Ownership	.80.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Reality Investment Group LLC	Ownership	.80.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Finans Emeklilik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	.51.000	Cigna Corporation	
0901	Cigna Group		00-0000000				CignaTKK Health Insurance Company Limited	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	.26.000	TKK -non-affiliate)	
0901	Cigna Group		00-0000000				Newtown Partners II, LP	MD	NIA	Cigna Affiliates Reality Investment Group LLC	Ownership	.71.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Newtown Square GP LLC	DE	NIA	Cigna Affiliates Reality Investment Group LLC	Ownership	.50.000	Cigna Corporation and Newtown Square	
0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				AFA Apartments Limited Partnership	DE	NIA	Cigna Affiliates Reality Investment Group LLC	Ownership	.85.000	Cigna Corporation	
0901	Cigna Group		20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				LINA Financial Service		NIA	LINA Life Insurance Company of Korea	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Korea Foundation		NIA	LINA Life Insurance Company of Korea	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna SAICO Benefits Services W.L.L.	BHR	NIA	Cigna Holdings Overseas, Inc.	Ownership	.50.000	Cigna Corporation and SAICO -non affiliate)	
0901	Cigna Group		00-0000000				Cigna Chestnut Holdings, Ltd.	GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings Limited	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Laurel Holdings, Ltd.	BMJ	NIA	Cigna Linden Holdings, Inc.	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Magnolia Holdings, Ltd.	BMJ	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Myrtle Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings Limited	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Poplar Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				SB-SNH LLC	DE	NIA	Cigna Affiliates Reality Investment Group LLC	Ownership	.85.000	Cigna Corporation	
0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	.85.000	Cigna Corporation	
0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	.85.000	Cigna Corporation	
0901	Cigna Group		00-0000000				CGGL 18301 LLC	DE	NIA	Cigna Affiliates Realty Investment Group LLC	Ownership	.90.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Notch 8 Residential, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group LLC	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Agua Mansa Partners, LLC	DE	NIA	Cigna Affiliates Realty Investment Group LLC	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				UVL, LLC	DE	NIA	Cigna Affiliates Realty Investment Group LLC	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				3601 North Fairfax Drive Associates, LLC	DE	NIA	Cigna Affilates Realty Investment Group LLC	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				222 Main Street CARING GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group LLC	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Sequoia Holdings SPRL	BEL	NIA	Cigna Holdings Overseas, Inc.	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				222 Main Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group LLC	Ownership	.90.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings Limited	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC	DE	NIA	Cigna Global Holdings, Inc.	Ownership	.100.000	Cigna Corporation	

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
...0901 ....	Cigna Group .....	.....	00-0000000 ..	.....	.....	.....	Cigna Palmetto Holdings, Ltd. ....	..BMJ.....	.....NIA.....	Cigna Linden Holdings, Inc. ....	Ownership.....	..100.000 ....	Cigna Corporation .....	.....

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	06-1059331	Cigna Corporation	(48,028)			341,000	(2,213,534)		-		(1,920,562)	
	06-1072796	Cigna Holdings, Inc.	1,647,522,271	(122,850,000)					-		1,524,672,271	
	23-1914061	Former Cigna Investments, Inc.					2,121,033		-		2,121,033	
	06-0861092	Cigna Investments, Inc.					2,565,942		-		2,565,942	
	01-0947889	Cigna Benefits Financing, Inc.					983,568		-		983,568	
	06-0840391	Connecticut General Corporation	64,000,000	(6,000,000)					-		58,000,000	
	81-0585518	Benefit Management Corp.							-		0	
12814	20-4433475	Allegiance Life & Health Insurance Company							-			
							(6,308,279)	181,066	-		(6,127,213)	721,013
	20-3851464	Allegiance Re, Inc.							-		0	
	81-0400550	Allegiance Benefit Plan Management, Inc.					1,520,792		-		1,520,792	
	71-0916514	Allegiance COBRA Services, Inc.					661		-		661	
	26-2201582	Allegiance Provider Direct, LLC							-		0	
	84-1461840	Community Health Network, LLC							-		0	
	81-0425785	Intermountain Underwriters, Inc.					57,146		-		57,146	
	03-0507057	Star Point, LLC					245,526		-		245,526	
	20-1821898	HealthSpring, Inc.					45,151,080		-		45,151,080	
	52-1929677	Bravo Health, LLC		(10,000,000)			143,486,143		-		133,486,143	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.					(35,566,496)		-		(35,566,496)	
11254	52-2363406	Bravo Health Pennsylvania, Inc.		10,000,000			(119,094,232)		-		(109,094,232)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	(57,400,000)				(315,635,882)		-		(373,035,882)	
95781	63-0925225	HealthSpring of Alabama, Inc.	(14,900,000)				(79,312,273)		-		(94,212,273)	
11532	65-1129599	HealthSpring of Florida, Inc.					(93,923,588)		-		(93,923,588)	
	77-0632665	NewQuest Management of Illinois, LLC					39,628,718		-		39,628,718	
	20-4954206	NewQuest Management of Florida, LLC	(5,000,000)				84,759,522		-		79,759,522	
	20-8647386	HealthSpring Management of America, LLC					293,239,950		-		293,239,950	
	33-1033586	NewQuest Management of Alabama, LLC					83,337,820		-		83,337,820	
	72-1559530	HealthSpring USA, LLC	(19,500,000)				14,179,253		-		(5,320,747)	
	62-1540621	HealthSpring Management, Inc.					143,791,880		-		143,791,880	
11522	62-1593150	HealthSpring of Tennessee, Inc.					(211,295,450)		-		(211,295,450)	
13733	03-0452349	Cigna Arbor Life Insurance Company	(24,000,000)						-		(24,000,000)	
	41-1648670	Cigna Behavioral Health, Inc.	(151,000,000)				35,850,685		-		(115,149,315)	
	59-2308055	Cigna Dental Health, Inc.	(43,246,296)				35,748,630		-		(7,497,666)	
	59-2600475	Cigna Dental Health Of California, Inc.	(14,000,000)				(363,010)		-		(14,363,010)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(1,350,000)				(977,937)		-		(2,327,937)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(11,485)		-		(11,485)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(9,000,000)				(3,536,795)		-		(12,536,795)	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(250,000)				(163,805)		-		(413,805)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(1,900,000)				(1,110,141)		-		(3,010,141)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(480,000)				(560,990)		-		(1,040,990)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,200,000)				(1,454,529)		-		(2,654,529)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(495,158)		-		(495,158)	



SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,980,000)				(965,242)		-		(2,945,242)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.							-			
			(1,565,722)				(579,318)		-		(2,145,040)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(8,877,982)				(3,787,983)		-		(12,665,965)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,550,000)				(609,063)		-		(2,159,063)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.							-			
			(3,700,000)				124,392		-		(3,575,608)	
48119	59-2740468	Cigna Dental Health Of Maryland, Inc.	(2,900,000)				(1,330,103)		-		(4,230,103)	
	62-1312478	Cigna Health Corporation	(2,500,000)	(23,250,000)			59,666,305		-		33,916,305	
	02-0387748	Healthsource, Inc.							-		0	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.		15,000,000			(8,031,809)	495,095	-		7,463,286	607,334
	95-3310115	Cigna HealthCare of California, Inc.				(147,500)	(57,856,286)	140,807	-		(57,862,979)	3,900,259
95604	84-1004500	Cigna HealthCare of Colorado, Inc.	(1,500,000)				(1,512,272)	(142,988)	-		(3,155,260)	63,678
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.					(1,828,751)	(6,439)	-		(1,835,190)	2,868
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(123,172)	(23,443)	-		(146,615)	10,440
95602	36-3385638	Cigna HealthCare of Illinois, Inc.		1,500,000		(23,000)	(123,345)	(16,775)	-		1,336,881	7,470
95477	01-0418220	Cigna HealthCare of Maine, Inc.	(5,000,000)				(1,219)		-		(5,001,219)	
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.					(27)		-		(27)	
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.					(3,181)		-		(3,181)	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(11,130)		-		(11,130)	0
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.		1,000,000			74,731	585,827	-		1,660,558	8,913
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.					(39)		-		(39)	
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.		750,000			(924,548)	(102,097)	-		(276,645)	45,468
95518	62-1230908	Cigna HealthCare of Utah, Inc.					3		-		3	
96229	58-1641057	Cigna HealthCare of Georgia, Inc.		5,000,000			(3,479,704)	(12,910)	-		1,507,387	5,749
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(1,000,000)				(12,780,533)	24,349	-		(13,756,184)	439,003
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(128,576)	(11,199)	-		(139,774)	4,987
95488	11-2758941	Cigna HealthCare of New York, Inc.				(170,500)	(30,186)		-		(200,686)	
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.	(2,000,000)				(3,731,942)	0	-		(5,731,942)	174,765
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.					(5,441,624)	154,746	-		(5,286,878)	(240,162)
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.		6,000,000			(15,683,890)	(13,266)	-		(9,697,156)	5,908
	00-0000000	Temple Insurance Company Limited -Bermuda							-			
							(48,594)		-		(48,594)	
	35-1641636	Sagamore Health Network, Inc.	(1,000,000)				1,184,842		-		184,842	
95388	93-1174749	Great-West Healthcare of Illinois, Inc.					(6,520,164)	(681,412)	-		(7,201,576)	
	AA-1560515	Cigna Life Insurance Co. of Canada	(2,768,000)				(6,183,752)		-		(8,951,752)	
64548	13-2556568	Cigna Life Insurance Company of New York	(15,000,000)					(12,107,991)	-		(27,107,991)	(104,375,809)
62308	06-0303370	Connecticut General Life Insurance Company	(1,129,951,972)	131,584,355			36,587,108	154,302,935	-		(807,477,574)	1,415,510,689
	32-0222252	Cigna Onsite Health, LLC					7,427,560		-		7,427,560	
	23-3074013	TEL-DRUG of Pennsylvania, L.L.C.	(70,000,000)						-		(70,000,000)	
	27-5402196	Cigna Affiliates Realty Investment Group, LLC		(64,539,623)					-		(64,539,623)	
	27-0268530	CORAC, LLC		(7,222,953)					-		(7,222,953)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
67369	59-1031071	Cigna Health and Life Insurance Company	1,250,000	(62,131,253)		(175,796,459)	(129,335,425)	-			(366,013,137)	(87,160,960)
	23-1728483	Cigna Health Management, Inc	(6,000,000)			161,351,755		-			155,351,755	
	20-8064696	Kronos Optimal Health Company				1,177,876		-			1,177,876	
65498	23-1503749	Life Insurance Company of North America	20,870,442	(34,018,348)		0	(146,965,084)	-			(160,112,990)	(1,312,954,969)
	46-0427127	Tel-Drug, Inc.	(49,000,000)					-			(49,000,000)	
	00-0000000	Vielife Holdings Limited -United Kingdom						-			0	
	35-2041388	IHN, Inc.	(3,000,000)					-			(3,000,000)	
	51-0389196	Cigna Global Holdings, Inc.	(45,269,000)	122,850,000				-			77,581,000	
	51-0111677	Cigna International Corporation, Inc				(12,000,000)		-			(12,000,000)	
	98-0210110	Cigna Global Reinsurance Company, Ltd. - Bermuda)	(100,333,165)			0		133,489,885	-		33,156,720	84,746,346
	23-3009279	Cigna Holdings Overseas, Inc.				414,489		-			414,489	
	00-0000000	Cigna Nederland Alpha Cooperatief U.A.						0	-		0	
	00-0000000	Cigna Nederland Gamma B.V.						0	-		0	
	AA-1240009	Cigna Life Insurance Co. of Europe S.A.- N.V.				(5,347,797)		355,934	-		(4,991,863)	182,463
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.				4,080		-			4,080	
	00-0000000	Cigna Worldwide Life Insurance Company Limited						-			0	
	00-0000000	Cigna Global Insurance Company Limited - Guernsey				(2,683,881)		7,369	-		(2,676,512)	(1,299,663)
90859	23-2088429	Cigna Worldwide Insurance Company	18,104			4,886,684	(318,986)	-			4,585,802	(405,790)
	00-0000000	Cigna International Health Services - formerly Vanbreda)	(4,170,210)								(4,170,210)	
	76-0628370	NewQuest, LLC	136,800,000								136,800,000	
	34-1970892	Ceres Sales of Ohio	(1,250,000)								(1,250,000)	
	76-0657035	GulfQuest LP	(42,000,000)								(42,000,000)	
	20-5524622	Tennessee Quest LLC	(4,000,000)								(4,000,000)	
	00-0000000	Life Insurance Company of Korea	(20,870,442)								(20,870,442)	
	00-0000000	Cigna & CMC Life Insurance Company Limited, China		36,327,822							36,327,822	
65722	63-0343428	Loyal American Life Insurance Company		(41,000,000)							(41,000,000)	
88366	59-2760189	American Retirement Life Insurance Company		41,000,000							41,000,000	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2.	Will an actuarial opinion be filed by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1? .....	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1? .....	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? .....	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? .....	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:		
11.	Business not written	
12.	Business not written	
13.	Business not written	
14.	Not applicable	
15.	Business not written	
16.	Business not written	
18.	Not applicable	
19.	Not applicable	
20.	Not applicable	
21.		
22.	Business not written	
23.	Business not written	
Bar Codes:		
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12.	Life Supplement [Document Identifier 205]	
13.	Property/Casualty Supplement [Document Identifier 207]	
14.	SIS Stockholder Information Supplement [Document Identifier 420]	
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
20.	Relief from the Requirements for Audit Committees [Document Identifier 226]	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit  
[Document Identifier 213]





SUPPLEMENT FOR THE YEAR 2014 OF THE HealthSpring Life & Health Insurance Company, Inc.

**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

NAIC Group Code 0901		(To Be Filed by March 1)		NAIC Company Code 12902	
	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage .....		XXX		XXX	0
1.12 Without Reinsurance Coverage .....	436,052,564	XXX		XXX	436,052,564
1.13 Risk-Corridor Payment Adjustments .....	(29,269,389)	XXX		XXX	(29,269,389)
1.2 Supplemental Benefits .....		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage .....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage .....	(2,347,618)	XXX		XXX	XXX
2.2 Supplemental Benefits .....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage .....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
3.2 Supplemental Benefits .....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable .....		XXX		XXX	XXX
4.2 Payable .....	27,134,876	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage .....	0	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage .....	433,704,946	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments .....	(2,134,512)	XXX	0	XXX	XXX
5.2 Supplemental Benefits .....	0	XXX	0	XXX	XXX
6. Total Premiums .....	431,570,434	XXX	0	XXX	406,783,175
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage .....		XXX		XXX	0
7.12 Without Reinsurance Coverage .....	476,369,626	XXX		XXX	476,369,626
7.2 Supplemental Benefits .....		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage .....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage .....	(115,421,884)	XXX		XXX	XXX
8.2 Supplemental Benefits .....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage .....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage .....	3,284,592	XXX		XXX	XXX
9.2 Supplemental Benefits .....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage .....	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage .....	357,663,150	XXX	0	XXX	XXX
10.2 Supplemental Benefits .....	0	XXX	0	XXX	XXX
11. Total Claims .....	357,663,150	XXX	0	XXX	476,369,626
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied .....	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change .....	XXX		XXX		0
12.3 Reimbursements Receivable-change .....	XXX		XXX		XXX
12.4 Health Care Receivables-change .....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid .....	58,305,299	XXX		XXX	58,305,299
15. Expenses Incurred .....	57,868,300	XXX		XXX	XXX
16. Underwriting Gain/Loss .....	16,038,984	XXX	0	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	(127,891,750)

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